PTO/SB/17 (16-08)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						<i>plete if Known</i> 10/606,362-Conf. #4473			

FEE TRANSMITTAL				Filing Date	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	June 26, 2003		***************************************	
For FY 2009						Young-Chul KIM			
						M. Le			
Applicant claims small entity status. See 37 CFR 1.27						2163			
TOTAL AMOUNT OF PAYMENT (S) 180.00			Attorney Docket No. 1			1630-0514PUS1			
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stawart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of X Credit any overpayments									
FEE CALCULATION									
1. BASIC FILING, SE.	*********************	MINATION ESE	~~~~~	***************************************	************************	***************************************	***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
i. whole i selle, sel		NG FEES		RCH FEES	FXAMIN	ATION FEES	:		
Application Type	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity Fee (\$)		Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70	***************************************	*********	
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325		***************************************	
Provisional	220	110	0	0	0	0	***************************************		
2. EXCESS CLAIM FE	ES						***********	Small Entity	
								Fee (\$)	
Each claim over 20 (h				52	26				
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims 390 195									
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Me	Multiple Dependent Claims			
~ 30 ≈		·		·	Fee	(\$)	Fee Paid (\$ <u>}</u>	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)						
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Sheets				tion thereof	Fee (\$)	Fee	Paid (\$)	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /60 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00									
SUBMITTED BY									
Signature	nature Registration No. (Aftorney/Agent) 42,325					Telephone	Telephone (703) 205-8000		
Name (Print/Type) Davi	d A. Bilodeau					Date S	ieptembe:	· 24, 2009	